

then laid at equidistant points of the circumference of the vessel ends. An assistant then applies traction to two of these guide sutures in turn, stretching the portion between two sutures into a straight line, facilitating the laying of the continuous suture, and preventing a narrowing of the lumen. If the third tension suture is weighted with a hemostat, the vessel will be arranged in the form of a triangle, and there will be no danger of catching the opposite wall while laying the suture, which is a continuous overhand stitch. The separate stitches should be drawn just tight enough to secure absolute approximation, but not too tight, else the tissues be everted; they must be laid very close together. Absolute asepsis is necessary. Sweet concludes that in any case in which the anastomosis of a bloodvessel is indicated it should be tried; aneurysms and secondary hemorrhages should not occur. If immediate thrombosis occurs, we should be as well off as though the vessel had been ligated; if gradual thrombosis occurs we might well hope that such a process would be more favorable to the formation of a collateral circulation than would immediate ligation.

THERAPEUTICS.

UNDER THE CHARGE OF

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Drugs in Diabetes.—WILLIAMSON (*The Practitioner*, lxxix, 1, 136) states that in large doses opium, morphine, and codeine sometimes diminish the sugar excretion in diabetes, more especially in the mild types of the affection; their great disadvantage is their tendency to cause constipation, and as this increases the liability of the patient to coma, these drugs do not appear to be suitable in the aggravated types of diabetes. Heroin also has been tried, but this also, while its use may be beneficial in the less severe forms of the disease, may tend to constipation and occasionally produces toxic symptoms. Sodium salicylate and aspirin are often more satisfactory than opium or its alkaloids, and in mild types of diabetes may induce a diminished sugar excretion, but in the severe forms this benefit seldom occurs, although the general condition of the patient may be improved. The doses should be such as to avoid inducing toxic symptoms, and aspirin is often preferable to the sodium salt on account of its less liability to be followed by ill-effects. Bismuth salicylate is often very useful in instances complicated by diarrhoea, but in the absence of this manifestation it cannot be

continued for any considerable period. After giving up treatment by these drugs the amount of sugar in the urine is only too prone to increase again. Nevertheless a certain benefit is to be attained by the administration of these agents. In the presence of diacetic acid in the urine and the imminence of coma the alkalies, particularly sodium bicarbonate, in connection with free purgation by means of mercurials, may cause a disappearance of this dangerous manifestation, but at times this form of treatment is without avail in this regard, especially if the diacetic acid reaction is marked, although the alkaline treatment may be of temporary service in improving the general condition and delaying the onset of coma. The amount of the salt given may be as much as an ounce or more in twenty-four hours, and when premonitory symptoms of coma are present an ounce and a half may be given for several days in succession. When coma has commenced the symptoms may sometimes subside under the influence of large doses of the bicarbonate, but this manifestation is very likely to recur at a later date.

Tuberculin Treatment.—JEANS and SELLARDS (*Johns Hopkins Hosp. Bull.*, 1907, xviii, 195) have studied nine patients treated by means of tuberculin of their own preparation, the treatment having been carried out in accordance with observations of the tuberculo-opsonic indices of the patients in hand. They consider that the study of these nine patients is sufficient to justify the continuation of the method of treatment. In none of the patients has the result been miraculous, but in two, at least, there seemed to be a very definite relationship between the treatment and the improvement of the patient. It is held as important that, in addition to the tuberculin treatment, hygienic measures should be carried out as well. The patients are too few for any general conclusions to be drawn. Other dosage and other interspacing of dosage might have been more effective and perhaps other forms of tuberculin might give still better results. This can be decided only by the clinical results and not, in the author's opinion, by the opsonic curves.

Atoxyl in Syphilis.—UHLENRUH, HOFFMANN, and ROSCHER (*Deut. med. Woch.*, 1907, 22, 873) have found that injections of atoxyl markedly influence the infection in animals inoculated with syphilis. Their first trials in human beings failed because of too small dosage, but the results of later attempts with larger doses were more successful. One patient in whom the small doses were ineffectual was quickly cured when the amount administered was increased to $7\frac{1}{2}$ minims. In another, syphilis of nine months' duration which had proved refractory to ordinary treatment, nine injections caused a rapid amelioration of the numerous syphilitic ulcers. In a third patient dressings of 10 per cent. atoxyl were followed by a rapid healing of the ulcerations; those which were treated locally healed more quickly than others not dressed, even though injections of the agent were employed at the same time. The injections should be given into the muscles of the thigh; they are painless and cause no local reaction, although they may be followed by anorexia, insomnia, colicky pains and, rarely, by albuminuria. Atoxyl appears to be a true antisymphilitic, especially active early in the disease and in the ulcerations of the early stages.